## **CLAIMS ONLY**

SERIAL NO. | FILING DATE | 0 9 9 2 0 2 3 6 | 0 7 - 31 - 0 | APPLICANT(S)

CLAIMS

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	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL CLAIMS	20						

 $^{\star}$  MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-2022 (1-98)

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